

PART B—ISSUE FEE TRANSMITTAL

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 only. You direct otherwise by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS <div data-bbox="37 231 276 483" data-label="Image"> </div> <div data-bbox="305 300 506 338" data-label="Text"> <p>RECEIVED</p> </div> <div data-bbox="761 378 937 405" data-label="Text"> <p>35M1/1020</p> </div> <p>TOWNSEND TOWNSEND KHOURIE AND CREW STUART STREET TOWER ONE MARKET PLAZA SAN FRANCISCO CA 94105</p>		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change) INVENTOR'S NAME Street Address City, State and ZIP Code CO-INVENTOR'S NAME Street Address City, State and ZIP Code <input type="checkbox"/> Check if additional changes are on reverse side	
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SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/307,113	09/16/94	012	BOUCHER, D	3508 10/20/94
First Named Applicant MURRAY, WILLIAM R. JR.				

TITLE OF INVENTION
COMPUTER PHYSICAL SECURITY DEVICE

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
3	014572002822	070-058,000	032 UTILITY	NO	\$1250.00	01/22/95

3. Correspondence address change (Complete only if there is a change)

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

TOWNSEND AND TOWNSEND
1 AND CREW
2
3

WT10212 01/05/96 08307113
WT10213 01/05/96 08307113

DO NOT USE THIS SPACE

20-1430 100 142 1,250.00CH
20-1430 100 561 36.00CH

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE: KENSINGTON MICROWARE LIMITED
(2) ADDRESS: (CITY & STATE OR COUNTRY)
SAN MATEO, CALIFORNIA

5a. The following fees are enclosed:

☐ Issue Fee ☐ Advance Order - # of Copies

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(ENCLOSE PART C)

☒ Issue Fee ☒ Advance Order - # of Copies 12

☒ Any Deficiencies in Enclosed Fees

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

Michael E. Woods, #33,466

(Date)

12-28-95

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING OF REVERSE

Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Box ISSUE FEE
Commissioner of Patents and Trademarks
Washington, D.C. 20231

on December 28, 1995
(Date)

Ann Savelli

(Name of person making deposit)

Ann Savelli

(Signature)

December 28, 1995

(Date)

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Burden Hour Statement: This form is estimated to take .2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Office of Information Systems, Patent and Trademark Office, Washington, D.C. 20231, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, (Project 0651-0033), Washington, D.C. 20503. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents and Trademarks, Box Issue Fee, Washington, DC 20231.